Please type a plus sign (+) inside this box - + PTO/SB/21 (08-00) Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE nder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/667,123 TRANSMITTAL Sep 17, 2003 **Filing Date FORM First Named Inventor** Sardesai (to be used for all correspondence after initial filing) Group Art Unit **Examiner Name** Attorney Docket Number MS1-1613US Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) After Allowance Communication **Assignment Papers** Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) Sheets of Appeals and Interferences Licensing-related Papers Appeal Communication to Group Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Affidavits/declaration(s) **Provisional Application** Status Letter Power of Attorney, Revocation Change of Correspondence Other Enclosure(s) (please Extension of Time Request identify below): Terminal Disclaimer Return Receipt Post Card; PTO Form 1449; (1) reference **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ 22801 Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Lance R. Sadler, Reg. No. 38,605 Individual name

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name Lance R. Sadler, Reg. No. 38,605 Signature Date CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Burden Hour Statement: This form is estimated to take 0.2 hours to complete) Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

Date

Laurie S. Morgan

Typed or printed name

Please type a	plus sign (+)	inside this	box →	+ ا

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

2

Sheet of

Complete if Known		
Application Number	10/667,123	
Filing Date	Sep 17, 2003	
First Named Inventor	Sardesai	
Group Art Unit		
Examiner Name		
Attorney Docket Number	MS1-1613US	

				U.S. PATENT DOCL	JMENTS	
Examiner Initials*	Cite No.1	U.S. Patent	Document Kind Code ² (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		6,557,169		Erpeldinger	04/29/2003	
		6,523,166		Mishra et al.	02/18/2003	
		6,446,203		Aguilar et al.	09/03/2002	
		6,421,777		Pierre-Louis et al.	07/16/2002	
		6,373,507		Camara et al.	04/16/2002	
		-				

				FOR	EIGN PATENT DOCUMENT	S		
Examiner Cite	Cite	<u> </u>	Foreign Patent Do	cument Kind Code ⁵	Name of Patentee or	Date of Publication of	Pages, Columns, Lines, Where Relevant	
Initials*	No.1	Office ³	Number ⁴	(if known)	Applicant of Cited Document	Cited Document MM-DD-YYYY	Passages or Relevant Figures Appear	T6

Examiner	Date	
Signature	Considered	

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.



^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

			_
Please type a plus	sign (+) inside	this box →	+



Substitute for form 1449B/PTO

2

Sheet

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary) of

2

Co	mplete if Known	
Application Number	10/667,123	
Filing Date	Sep 17, 2003	
First Named Inventor	Sardesai	
Group Art Unit		
Examiner Name		
Attorney Docket Number	MS1-1613US	

ERS), title of the article (when appropriate), title of the n, catalog, etc.), date, page(s), volume-issue number(s), or country where published. Lestined to overcome traditional backup shortfalls"; Storage	T ²
lestined to overcome traditional backup shortfalls"; Storage	
	i.
······································	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.



Examiner

Signature

Date

Considered